He’s Full of Cysts! A Case of Cystic Bronchiectasis

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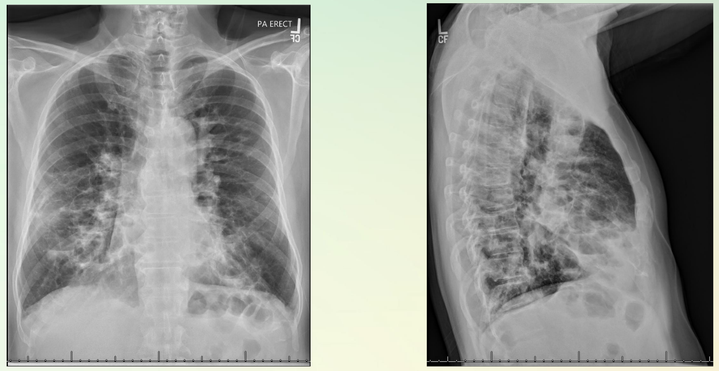
INTRODUCTION

- Bronchiectasis is a clinical syndrome of productive cough and abnormal bronchial wall thickening
- Etiologies include infection, aspiration, impaired clearance, obstruction, and systemic diseases
- We present a case of diffuse cystic changes on imaging

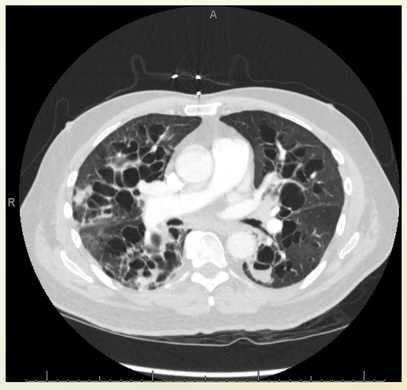
CASE SUMMARY

- A 61-year-old male with known COPD presented for chronic productive cough and dyspnea
- He had an abnormal outpatient chest x-ray
- CTA chest showed innumerable cystic lung spaces
- He was treated for community acquired pneumonia
- Subsequent work-up for tuberculosis, cystic fibrosis, alpha-1 anti-trypsin, rheumatologist disease, immunoglobulin deficiency was normal
- He was ultimately diagnosed with idiopathic cystic bronchiectasis
- Referred to pulmonary rehabilitation and prescribed hypertonic saline nebulizer therapy with symptomatic relief

INVESTIGATIONS



Chest x-rays displaying multiple bullae/cystic changes, some of which contain air-fluid levels.



CT Chest displaying innumerable cystic lung spaces, many showing moderate attenuation fluid, minimal ground glass opacities.

DECISION MAKING

- Our patient had no clear identifiable etiology for his bronchiectasis
- Common treatments include antibiotics, supplemental oxygen, hypertonic saline nebulizer therapy, and chest physiotherapy; which he received

CONCLUSION

- The majority of bronchiectasis cases are idiopathic, however generalized treatments can lead to symptomatic recovery without complications
- In the remainder of cases, the underlying etiology should be treated

REFERENCES

O’Donnell, Anne E. “Bronchiectasis - A Clinical Review.” The New England Journal of Medicine. 2022;387:533-45. DOI: 10.1056/NEJMra2202819

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